JCC FINANCING INSTRUCTION INST	ONS (front and bac F CONTACT AT FIL	k) CAREFULLY ER [optional]				
L						
. DEBTOR'S EXACT	FULL LEGAL NAME	-insertonly one debtor name (Taor 1b) - do not abbreviate or combine name	HE ABOVE SPACE IS FO	R FILING OFFICE U	SE ONLY
1a. ORGANIZATION'S					<u> </u>	
OR 16. INDIVIDUAL'S LAS	TNAME		FIRST NAME	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATI	ON 11. JURISDICTION OF ORGANIZ	ZATION 1g. ORG	ANIZATIONAL ID#, if an	y NON
. ADDITIONAL DEBT	OR'S EXACT FULL NAME	LEGAL NAME - Insert on	y <u>one</u> debtor name (2a or 2b) - do not abbr	eviate or combine names		
DR 25. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE	MIDDLE NAME	
c. MAILING ADDRESS	. MAILING ADDRESS			STATE	POSTAL CODE	COUNTRY
d. SEE INSTRUCTIONS	ORGANIZATION	2e. TYPE OF ORGANIZATI	ON 25. JURISDICTION OF ORGAND	ZATION 2g. ÓRG.	ANIZATIONAL ID#, if an	
SECUREDPARTY	DEBTOR	TOTAL ASSIGNEE ALASSIGN	IOR S/P)-insertonly one secured party name	e(3ao(3b)		NON
3a. ORGANIZATION'S	NAME		<u> </u>			
36. INDIVIDUAL'S LAS	35. INDIVIDUAL'S LAST NAME			MIDDLE	MIDDLE NAME	
: MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
This FINANCING STATE	MENT covers the follow	ving collateral:				

FILING OFFICE COPY \pm UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/0

Economic Affairs Committee Meeting May 12, 2006 Exhibit #10

Instructions for UCC Financing Statement (Form UCC1)

Please type or laser-print this form. Be sure it is completely legible. Read all Instructions, especially Instruction 1; correct Debtor name is crucial. Follow Instructions completely.

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. Filing office cannot give legal advice. Do not insert anything in the open space in the upper portion of this form; it is reserved for filing office use.

When properly completed, send Filing Office Copy, with required fee, to filing office. If you want an acknowledgment, complete item B and, if filing in a filing office that returns an acknowledgment copy furnished by filer, you may also send Acknowledgment Copy; otherwise detach. If you want to make a search request, complete item 7 (after reading Instruction 7 below) and send Search Report Copy, otherwise detach. Always detach Debtor and Secured Party Copies.

If you need to use attachments, you are encouraged to use either Addendum (Form UCC1Ad) or Additional Party (Form UCC1AP).

- A. To assist filing offices that might wish to communicate with filer, filer may provide information in item A. This item is optional.
- B. Complete item B if you want an acknowledgment sent to you. If filing in a filling office that returns an acknowledgment copy furnished by filer, present simultaneously with this form a carbon or other copy of this form for use as an acknowledgment copy.
- Debtor name: Enter <u>only one Debtor name in item 1</u>, an organization's name (1a) <u>or</u> an individual's name (1b). Enter Debtor's <u>exact full legal</u> <u>name</u>. Don't abbreviate.
- 1a. <u>Organization Debtor</u>. "Organization" means an entity having a legal identity separate from its owner. A partnership is an organization; a sole proprietorship is not an organization, even if it does business under a trade name. If Debtor is a partnership, enter exact full legal name of partnership; you need not enter names of partners as additional Debtors. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed charter documents to determine Debtor's correct name, organization type, and jurisdiction of organization.
- 1b. Individual Debtor. "Individual" means a natural person; this includes a sole proprietorship, whether or not operating under a trade name. Don't use prefixes (Mr., Mrs., Ms.). Use suffix box only for titles of lineage (Jr., Sr., III) and not for other suffixes or titles (e.g., M.D.). Use married woman's personal name (Mary Smith, not Mrs. John Smith). Enter Individual Debtor's family name (surname) in Last Name box, first given name in First Name box, and all additional given names in Middle Name box.
 - For both <u>organization and individual Debtors</u>: Don't use Debtor's trade name, DBA, AKA, FKA, Division name, etc. in place of or combined with Debtor's legal name; you may add such other names as additional Debtors if you wish (but this is neither required nor recommended).
- 1c. An address is always required for the Debtor named in 1a or 1b.
- 1d. Reserved for Financing Statements to be filled in North Dakota or South Dakota only. If this Financing Statement is to be filled in North Dakota or South Dakota, the Debtor's taxpayer identification number (tax ID#) social security number or employer identification number must be placed in this box.
- 1e,f,g. "Additional information re organization Debtor" is always required. Type of organization and jurisdiction of organization as well as Debtor's exact legal name can be determined from Debtor's current filed charter document. Organizational ID #, if any, is assigned by the agency where the charter document was filed; this is different from tax ID #; this should be entered preceded by the 2-character U.S. Postal identification of state of organization if one of the United States (e.g., CA12345, for a California corporation whose organizational ID # is 12345); if agency does not assign organizational ID #, check box in item 1g indicating "none."

Note: If Debtor is a trust or a trustee acting with respect to property held in trust, enter Debtor's name in item 1 and attach Addendum (Form UCC1Ad) and check appropriate box in item 17. If Debtor is a decedent's estate, enter name of deceased individual in item 1b and attach Addendum (Form UCC1Ad) and check appropriate box in item 17. If Debtor is a transmitting utility or those Financing Statement is filled in connection with a Manufactured-Home Transaction or a Public-Finance Transaction as defined in applicable Commercial Code, attach Addendum (Form UCC1Ad) and check appropriate box in item 18.

- If an additional Debtor is included, complete item 2, determined and formatted per Instruction 1. To include further additional Debtors, attach either Addendum (Form UCC1Ad) or Additional Party (Form 'UCC1AP) and follow Instruction 1 for determining and formatting additional names.
- 3. Enter information for Secured Party or Total Assignee, determined and formatted per Instruction 1. To include further additional Secured Parties, attach either Addendum (Form UCC1Ad) or Additional Party (Form UCC1AP) and follow instruction 1 for determining and formatting additional names. If there has been a total assignment of the Secured Party's interest prior to filling this form, you may either (1) enter Assignor S/P's name and address in item 3 and file an Amendment (Form UCC3) [see item 5 of that form]; or (2) enter Total Assignee's name and address in item 3 and, if you wish, also attaching Addendum (Form UCC1Ad) giving Assignor S/P's name and address in item 12.
- 4. Use item 4 to indicate the collateral covered by this Financing Statement. If space in Item 4 is insufficient, put the entire collateral description or continuation of the collateral description on either Addendum (Form UCC1Ad) or other attached additional page(s).
- 5. If filer desires (at filer's option) to use titles of lessee and lessor, or consignee and consignor, or seller and buyer (in the case of accounts or chattel paper), or bailee and bailor instead of Debtor and Secured Party, check the appropriate box in item 5. If this is an agricultural lien (as defined in applicable Commercial Code) filling or is otherwise not a UCC security interest filling (e.g., a tax lien, judgment lien, etc.), check the appropriate box in item 5, complete items 1-7 as applicable and attach any other items required under other law.
- If this Financing Statement is filed as a fixture filing or if the collateral
 consists of timber to be cut or as-extracted collateral, complete items 15, check the box in item 8, and complete the required information (items
 13, 14 and/or 15) on Addendum (Form UCC1Ad).
- 7. This item is optional. Check appropriate box in item 7 to request Search Report(s) on all or some of the Debtors named in this Financing Statement. The Report will list all Financing Statements on file against the designated Debtor on the date of the Report, including this Financing Statement. There is an additional fee for each Report. If you have checked a box in item 7, file Search Report Copy together with Filing Officer Copy (and Acknowledgment Copy). Note: Not all states do searches and not all states will honor a search request made via this form, some states require a separate request form.
- This item is optional and is for filer's use only. For filer's convenience of reference, filer may enter in item 8 any identifying information (e.g., Secured Party's loan number, law firm file number, Debtor's name or other identification, state in which form is being filed, etc.) that filer may find useful.



MONTANA EFFECTIVE FINANCING STATEMENT FORM EFS FILING FEE=\$7.00

FOR SECRETARY OF STATE USE ONLY

At least a 10-point font is required when completing this form.

For Filing:

- Agriculture Farm Products use this form
- Agriculture collateral (machinery, equipment) use the national form

Prepaid Account #									
Contact Name:		Contact PhoneNumb	er:						
1. Debtor's Exact Full "Legal"	Name - only one debtor	name (1a or 1b)							
1a. Organization Name									
1b. Individual's Last Name		First Name	First Name		ne	Suffix			
1c. Mailing Address		City Sta		e Postal Code		Country			
1d. SSN or Tax ID#		1e. Debtor's Signature							
2. Debtor's Exact Full "Legal"	Name - only one debtor	name (2a or 2b)			· · ·				
2a. Organization's Name or									
2b. Individual's Last Name		First Name		Middle Name		Suffix			
2c. Mailing Address		City	State	State Postal		Country			
2d. SSN or Tax ID#		2e. Debtor's Signature	2e. Debtor's Signature						
3. Secured Party's Exact Full "	Legal" Name - only one	secured party name (3a or 3b)							
3a. Organization's Name									
3b. Individual's Last Name	First Name Midd		ldle Name		Suffix				
3c. Mailing Address		City State		tate Postal Code		Country			
3d. Secured Party's Signature									
	The folio	wing table is for specific Farn	n Products or	ıly					
Specific Farm Product	Crop Year	Montana County		Farm Product Quantity/Description					
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Proceeds Covered Toheck h	av li processio era cov	orod\ Drad	iuoto Covoros	J_7/25 and 5	ندر الرسيد كاريد				

COMPLETING EFS FORM

<u>PLEASE TYPE THIS FORM</u>: Verify all information on the form for accuracy and correct spelling. Any error in the debtor's name, social security number, taxpayer ID number, organization information, will result in incorrect or incomplete information. At least a 10-point font must be used when completing the form.

TAX ID NUMBER (1d,2d): Is required for each individual debtor, and the debtor's internal revenue service (IRS) employer identification number is required for each business, corporation, trade name, d/b/a etc., listed.

<u>DEBTOR SIGNATURE (1e,2e)</u>: Each debtor reflected on the EFS is required to sign. A debtor that does not sign will not appear on the Farm Bill Master List distributed to registered buyers.

SECURED PARTY SIGNATURE (3d): Each secured party reflected on the EFS is required to sign. A secured party that does not sign will keep the EFS from appearing on the Farm Bill Master List distributed to registered buyers.

<u>SPECIFIC FARM PRODUCT</u>: You must fist the specific farm product such as wheat, barley, hay, cattle, horses, and pigs. The listing all "livestock and crops" will not suffice.

CROP YEAR: For a crop grown in soil, list the calendar year in which it is harvested or to be harvested. For animals, list the calendar year in which they are born or acquired. For poultry or eggs, list the calendar year in which they are sold or to be sold. If "year" is left blank, perfection continues for every year the statement is effective.

<u>COUNTY</u>: Where the farm product is produced and/or located. If the farm product is located in all Montana counties you may reflect the word "All".

QUANTITY/DESCRIPTION: Number of bushels, head of livestock, or other commonly used identifier. Specify the units. Example: 300 bushels of winter wheat stored in bin 12. If "quantity/description" is left blank, then all specific farm products owned by the debtor are covered.

<u>LIEN DURATION</u>: An EFS lien is effective for a period of five years unless extended by filing a continuation statement

SUBMIT: The completed and properly signed EFS with the proper filing fee. At the time of filing, the filing officer will return a system generated acknowledgement letter.

ACKNOWLEDGEMENT LETTER: Verify all information on the acknowledgement letter for accuracy and correct spelling. Any error will result in incorrect or incomplete information. To correct an error call (406) 444-2468.

EFS FILING FEE:

Effective Financing Statement = \$7.00

PREPAID ACCOUNT: Agencies may set up an account with the Secretary of State to pre-pay filing fees. For information please contact the Management Services Bureau of the Office of the Secretary of State at (406) 444-2035.

DEBTOR INFORMATION

<u>DEBTOR NAME (1a or 1b,2a or 2b)</u>: Enter only one Debtor name per section. The debtor name can be an organization's name <u>or</u> an individual's name but it cannot be both. Enter Debtor's exact full legal name. Do not abbreviate.

ORGANIZATION DEBTOR: "Organization" means an entity having a legal identity separate from its owner. A partnership is an organization; a sole proprietorship is not an organization, even if it does business under a trade name. If the Debtor is a partnership, enter exact full legal name of partnership. You need not enter names of partners as additional Debtors. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed charter documents to determine debtor correct name.

INDIVIDUAL DEBTOR: "Individual" means a natural person; this includes a sole proprietorship, whether or not the individual is operating under a trade name. Do not use prefixes (Mr., Mrs., Ms.). Use suffix box only for titles of lineage (Jr., Sr., III) and not for other suffixes or titles (e.g., M.D.). Use a married woman's personal name (Mary Smith, not Mrs. John Smith). Enter individual Debtor's family name (surname) in the Last Name box, first given name in the First Name box, and all additional given names in the Middle Name box.

ORGANIZATION AND INDIVIDUAL DEBTOR: Do not use Debtor's trade name, DBA, AKA, FKA, Division name, etc. in place of or combined with the Debtor's exact full legal name. You may add such other names as additional Debtors if you wish (but this is neither required nor recommended).

MAILING ADDRESS: Secretary of State, Attn: UCC, State Capitol 2nd Floor, PO Box 202801, Helena, MT. 59620-2801

Revised Article 9 Protection: If you want your farm products to be protected under the requirements of Revised Article 9 (RA9) you must complete the national form in addition to the EFS Form. The EFS form provides protection only to third party buyers of the farm product. For protection from other creditors you must file the national form.